
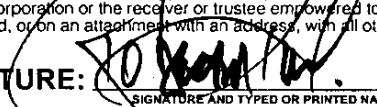


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90327 017 ***150.00

DOCUMENT # K72980 1. Entity Name SPACE COAST TRUSS, INC.					
Principal Place of Business 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940 US			Mailing Address 6905 N WICKHAM ROAD SUITE #501 MELBOURNE, FL 32940 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KUSH, ROBERT M 6905 N. WICKHAM ROAD SUITE 501 MELBOURNE, FL 32940				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D BUESCHER, HOWARD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6905 N. WICKHAM ROAD, SUITE 501		NAME		
STREET ADDRESS	MELBOURNE, FL 32940		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVP BUESCHER, KEITH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6905 N. WICKHAM ROAD, SUITE 501		NAME		
STREET ADDRESS	MELBOURNE, FL 32940		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	CFOT KUSH, ROBERT M <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6905 N. WICKHAM ROAD, SUITE 501		NAME		
STREET ADDRESS	MELBOURNE, FL 32940		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DVP GIRARD, SUSAN D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6905 N. WICKHAM ROAD, SUITE 501		NAME		
STREET ADDRESS	MELBOURNE, FL 32940		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P MACIK, JEFFREY J <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	6905 N. WICKHAM ROAD, SUITE 501		NAME	Gerald W. Brucken	
STREET ADDRESS	MELBOURNE, FL 32940		STREET ADDRESS	6905 N. Wickham Rd., Suite 501	
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	SECY YELLAND, RONALD J <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6905 N. WICKHAM ROAD, SUITE 501		NAME		
STREET ADDRESS	MELBOURNE, FL 32940		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Robert M. KUSH 4.21.08 <small>Signature and typed or printed name of signing officer or director</small>		
			Date _____ <small>Daytime Phone # _____</small>		